

STATE OF NEW HAMPSHIRE

Filing fee: \$50.00
Fee for Form SRA: \$50.00
Total fees: \$100.00

Form LLC-1
RSA 304-C:12

**CERTIFICATE OF FORMATION
NEW HAMPSHIRE LIMITED LIABILITY COMPANY**

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS, SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company is:

Hollis Hair & Beyond, LLC

SECOND: The nature of the primary business or purposes is to own and operate a hair salon; and to engage in any and all activities related or incidental to the foregoing and to do all things necessary or convenient for the accomplishment thereof, which statement of purpose shall not in any way limit or restrain the activities of the Company. The Company is further empowered to engage in any business allowed to be carried on by limited liability companies formed under New Hampshire RSA Chapter 304-C.

THIRD: The name of the limited liability company's registered agent is Thomas W. Hildreth, Esq., and the street address, town/city of its registered office is McLane, Graf, Raulerson & Middleton, Professional Association, 900 Elm Street, Manchester, New Hampshire 03101.

FOURTH: There shall be no fixed date upon which the Company shall dissolve.

FIFTH: The management of the limited liability company is vested in a manager or managers.

SIXTH: The sale or offer for sale of any ownership interests in this business will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B).

HOLLIS HAIR & BEYOND, LLC

Dated: 10/18, 2011

By: x Terri Anne Eckhoff
Terri-Anne Eckhoff, Manager



Form SRA – Addendum to Business Organization and Registration Forms
Statement of Compliance with New Hampshire Securities Laws

Part I – Business Identification and Contact Information

Business Name: Hollis Hair & Beyond, LLC

Business Address (include city, state, zip): 57 Adams Street, Milford, NH 03055

Telephone Number: (603) 493-8160 E-mail: peterrieckhoff@comcast.net

Contact Person: Terri-Anne Eckhoff, Manager

Contact Person Address (if different): _____

Part II – Check ONE of the following items in Part II. If more than one item is checked, the form will be rejected.
[PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below.
However, you must insure that your business meets all of the requirements spelled out in A), B), and C)]:

1. ☒ Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:
A) This business has 10 or fewer owners; and
B) Advertising relating to the sale of ownership interests has not been circulated; and
C) Sales of ownership interests – if any – will be completed within 60 days of the formation of this business.
2. _____ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - _____.
3. _____ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - _____.
4. _____ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

Part III – Check ONE of the following items in Part III:

1. _____ This business *is not being* formed in New Hampshire.
2. ☒ This business *is* being formed in New Hampshire and the registration document states that any sale or offer for sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act.

Part IV – Certification of Accuracy

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures only)

Name (print): Terri-Anne Eckhoff, Manager Signature: x Terri Anne Eckhoff

Date signed: 10/18/2011

Name (print): _____ Signature: _____

Date signed: _____

Name (print): _____ Signature: _____

Date signed: _____